

## Renewal - Section 1915(c) Waiver Format

1. The State of Idaho requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

This is a request for a model waiver.

a. ☐ Yes                      b. ☒ No

If Yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

This waiver is requested for a period of (check one):

a. ☐ 3 years (initial waiver)  
b. ☒ 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following level(s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

a. ☒ Nursing facility (NF)  
b. ☐ Intermediate care facility for mentally retarded or persons with related conditions (ICF/MR)  
c. ☐ Hospital  
d. ☐ NF (served in hospital)  
e. ☐ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

a. ☐ aged (age 65 and older)  
b. ☐ disabled  
c. ☒ aged and disabled  
d. ☐ mentally retarded  
e. ☐ developmentally disabled  
f. ☐ mentally retarded and developmentally disabled  
g. ☐ chronically mentally ill

- If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

---

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

- a.   X   Case management
- b.   X   Homemaker
- c.        Home health aide services
- d.        Personal care services
- e.   X   Respite care
- f.        Adult day health
- g.        Habilitation
  - Residential habilitation
  - Day habilitation
  - Prevocational services
  - Supported employment services
  - Educational services
- h.   X   Environmental accessibility adaptations
- i.   X   Skilled nursing
- j.   X   Transportation
- k.   X   Specialized medical equipment and supplies
- l.   X   Chore services
- m.   X   Personal Emergency Response Systems
- n.   X   Companion services
- o.        Private duty nursing
- p.        Family training
- q.   X   Attendant care

r.   X   Adult Residential Care

\_\_\_\_\_ Adult foster care

  X   Assisted living

s. \_\_\_\_\_ Extended State plan services (Check all that apply):

\_\_\_\_\_ Physician services

\_\_\_\_\_ Home health care services

\_\_\_\_\_ Physical therapy service

\_\_\_\_\_ Occupational therapy service

\_\_\_\_\_ Speech, hearing and language services

\_\_\_\_\_ Prescribed drugs

\_\_\_\_\_ Other (specify):

\_\_\_\_\_

\_\_\_\_\_

t.   X   Other services (specify): Home Delivered Meals

Consultation Psychiatric

Consultation Adult Day

Care

u. \_\_\_\_\_ The following services will be provided to individuals with chronic mental illness:

\_\_\_\_\_ Day treatment/Partial hospitalization

\_\_\_\_\_ Psychosocial rehabilitation

\_\_\_\_\_ Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.

13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):

- a.\_\_\_\_ When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, foster home, or community residential facility).
- b.\_\_\_\_ Meals furnished as part of a program of adult day health services.
- c.\_\_\_\_ When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:

- a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:
  - 1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B);
  - 2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and
  - 3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.
- b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.

- c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:
  - 1. Informed of any feasible alternatives under the waiver; and
  - 2. Given the choice of either institutional or home and community-based services.
- d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.
- e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.
- f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.
- g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.
- h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.
- i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a.   X   Yes    b.        No

- 17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

a. \_\_\_\_ Yes    b.  X  No

18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

An effective date of  October 1, 2002  is requested.

19. The State contact person for this request is Christine Cuellar, who can be reached by telephone at ( 208 ) 364-1891.

20. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

#### **Signed Copy on File in Idaho Medicaid Office**

### **Appendix A - Administration**

#### Line of Authority for Waiver Operation

Check one:

X  The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

\_\_\_\_\_ The waiver will be operated by \_\_\_\_\_, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

\_\_\_\_\_ The waiver will be operated by \_\_\_\_\_, a separate division within the Single State agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting

forth the authority and arrangements for this policy is on file at the Medicaid agency.

## Provider Training Matrix

Revised July 1, 2002

- = Must have skill

° = Must have skill if client requires

Standards for Direct Care	In Home Respite	Adult Day Care	Adult Residential Care	Skilled Nursing	Spec.Med Equipment	Transportation	Env Access Adapt	Case Management
1	-	-	-	-	X	-	-	X
2a	-	-	-	-				X
2b	-	-	-	-				
2c	-	-	-	-				
2d	-	Owner only	Owner only	-				
3	-	-	-	-	X			X
4	-	-	-	-	X	-	-	X
5	-	-	°	-				
6	°	°	°	-				
7	°	°	°	-				
8	°	°	°	-				
9	°	°	°	-				
10	°	°	°	-				
11	°	°	°	-				
12	°	°	°	-				
13	°	°	°	-				
14	°	°	-	-				



15	o	o	o	-				
16	o	o	o	-				
17	o	o	o	-				
18	o	o	o	-				
19	o	o	o	-				
20	o	o	o	-				
21	o	o	o	-				
22	o		-					
23	o		-					
24	o		-					
25	o		o					
26						-		
27						-		
28						-		
29						-		
30						-		
31								
32			-					
33							-	
34			-					
A	o	o	o	-				
B	o	o	o	-				

C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	-				
D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
E			<input type="radio"/>					
F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
I	<input type="radio"/>		<input type="radio"/>					
J	<input type="radio"/>		<input type="radio"/>					
K	<input type="radio"/>		<input type="radio"/>					
L	<input type="radio"/>		<input type="radio"/>					
M	<input type="radio"/>		<input type="radio"/>					
N	<input type="radio"/>		<input type="radio"/>					
O	<input type="radio"/>		<input type="radio"/>					
P	<input type="radio"/>		<input type="radio"/>					

## Appendix C - Section 1915(c) Waiver Format

### APPENDIX C-Eligibility and Post-Eligibility

#### Appendix C-1--Eligibility

#### MEDICAID ELIGIBILITY GROUPS SERVED

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. \_\_\_\_ Low income families with children as described in section 1931 of the Social Security Act.

2.   X   SSI recipients ( SSI Criteria States and 1634 States).

3.\_\_\_\_ Aged, blind or disabled in 209(b) States who are eligible under ' 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).

4. X Optional State supplement recipients.

5.\_\_\_\_ Optional categorically needy aged and disabled who have income at (Check one):

a.\_\_\_\_ 100% of the Federal poverty level (FPL)

b.\_\_\_\_ % Percent of FPL which is lower than 100%.

6. X The special home and community-based waiver group under 42 CFR 435.217  
(Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

X A. Yes                      \_\_\_\_ B. No

Check one:

a. X The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b.\_\_\_\_ Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1)\_\_\_\_ A special income level equal to:

\_\_\_\_ 300% of the SSI Federal benefit (FBR)

\_\_\_\_ % of FBR, which is lower than 300% (42 CFR 435.236)

\$\_\_\_\_ which is lower than 300%

(2)\_\_\_\_ Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3)\_\_\_\_ Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4)\_\_\_\_ Medically needy without spenddown in 209(b) States.

(42 CFR 435.330)

(5)\_\_\_\_ Aged and disabled who have income at:

a.\_\_\_\_ 100% of the FPL

b.\_\_\_\_% which is lower than 100%.

(6)\_\_\_\_ Other (Include statutory reference only to reflect additional groups included under the State plan.)

---

---

---

---

---

7.\_\_\_\_ Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8.\_\_\_\_ Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)

---

---

---

---

## **Appendix C-2--Post-Eligibility**

### GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under '435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community ('435.217). For individuals whose eligibility is not determined under the spousal rules ('1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR '435.726 and '435.735 just as it does for other individuals found eligible under '435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under '1924.

## REGULAR POST-ELIGIBILITY RULES--'435.726 and '435.735

- The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.
- If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.
- If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.
- If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

## SPOUSAL POST-ELIGIBILITY--'1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of '1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The '1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in '1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as \$30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The \$30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the '1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual's maintenance needs in the community.

## POST ELIGIBILITY

### REGULAR POST ELIGIBILITY

1.   X   **SSI State** . The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.
  - A.   ' 435.726  --States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A. X The following standard included under the State plan  
(check one):

(1)\_\_\_ SSI

(2)\_\_\_ Medically needy

(3)\_\_\_ The special income level for the institutionalized

(4)\_\_\_ The following percent of the Federal  
poverty level): \_\_\_%

(5) X Other (specify):

If rent or mortgage obligation, 150% of SSI single rate.  
If no rent or mortgage obligation, SSI single benefit  
rate.

B. \_\_\_ The following dollar amount:

\$ \_\_\_ \*

\* If this amount changes, this item will be revised.

C. \_\_\_ The following formula is used to determine the needs  
allowance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A. \_\_\_ SSI standard

B. \_\_\_ Optional State supplement standard

C. \_\_\_ Medically needy income standard

D. \_\_\_ The following dollar amount:

\$ \_\_\_ \*

\* If this amount changes, this item will be revised.

E.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_% of \_\_\_\_ standard.

F.\_\_\_\_ The amount is determined using the following formula:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. X Not applicable (N/A)

3. Family (check one):

A. X AFDC need standard

B.\_\_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State=s approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.\_\_\_\_ The following dollar amount:

\$ \_\_\_\_ \*

\*If this amount changes, this item will be revised.

D.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: %\_\_\_\_ of \_\_\_\_ standard.

E.\_\_\_\_ The amount is determined using the following formula:

\_\_\_\_\_

F.\_\_\_\_ Other

G.\_\_\_\_ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

## POST-ELIGIBILITY

### REGULAR POST ELIGIBILITY

1.(b) X **209(b) State, a State that is using more restrictive eligibility requirements than SSI.** The State is using the post-eligibility rules at 42 CFR 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A. X The following standard included under the State plan (check one):

(1)        SSI

(2)        Medically needy

(3)        The special income level for the institutionalized

(4)        The following percentage of the Federal poverty level:        %

(5) X Other (specify):

Optional State Supplement payment level

B.        The following dollar amount:

\$        \*

\* If this amount changes, this item will be revised.

C.        The following formula is used to determine the amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under '435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A.        The following standard under 42 CFR 435.121:       

B.        The medically needy income standard       ;

C.        The following dollar amount:



\$ \_\_\_\_\_ \*

\* If this amount changes, this item will be revised.

D. \_\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of \_\_\_\_\_

E. \_\_\_\_\_ The following formula is used to determine the amount:

\_\_\_\_\_  
\_\_\_\_\_

F.  X  Not applicable (N/A)

3. family (check one):

A.  X  AFDC need standard

B. \_\_\_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State=s approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. \_\_\_\_\_ The following dollar amount:

\$ \_\_\_\_\_ \*

\* If this amount changes, this item will be revised.

D. \_\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of \_\_\_\_\_ standard.

E. \_\_\_\_\_ The following formula is used to determine the amount:

\_\_\_\_\_  
\_\_\_\_\_

F. \_\_\_\_\_ Other

G. \_\_\_\_\_ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

## POST ELIGIBILITY

## SPOUSAL POST ELIGIBILITY

2.   X   The State uses the post-eligibility rules of '1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under '1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:

(check one)

(a)        SSI Standard

(b)        Medically Needy Standard

(c)        The special income level for the institutionalized

(d)        The following percent of the Federal poverty level:

       %

(e)        The following dollar amount

\$        \*\*

\*\*If this amount changes, this item will be revised.

(f)        The following formula is used to determine the needs allowance:

\_\_\_\_\_

\_\_\_\_\_

(g)   X   Other (specify):

If rent or mortgage obligation, 150% of SSI single benefit rate. If no rent or mortgage obligation, SSI single benefit rate.

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

## Appendix D - Entrance Procedures and Requirements

### APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

☐ Discharge planning team

☐ Physician (M.D. or D.O.)

☒ Registered Nurse, licensed in the State

☐ Licensed Social Worker

☐ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

☐ Other (Specify):

---

---

**APPENDIX D-2**

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

☐ Every 3 months

☐ Every 6 months

☒ Every 12 months

☐ Other (Specify):

---

---

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

☒ The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

☐ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

☐ Physician (M.D. or D.O.)

☐ Registered Nurse, licensed in the State

☐ Licensed Social Worker

☐ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

☐ Other (Specify):

\_\_\_\_\_  
\_\_\_\_\_

#### c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

☒ "Tickler" file

☐ Edits in computer system

☐ Component part of case management

☒ Other (Specify):

Automated reports generated from the State's MMIS

### APPENDIX D-3

#### a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

☐ By the Medicaid agency in its central office

☒ By the Medicaid agency in district/local offices

☐ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

- ☐ By the case managers
- ☐ By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
- ☐ By service providers
- ☐ Other  
(Specify): \_\_\_\_\_

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

- ☒ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.
- ☐ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

**APPENDIX D-4**

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:
  - a. informed of any feasible alternatives under the waiver; and
  - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix:

- hearing;
- a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
  - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
  - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and
  - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

#### Appendix D - 4 Section 3.b Description

The individual is given information about alternatives under the waiver from several sources:

- 1. The Regional Medicaid Unit provides information to applicants and their families regarding the services available, both waiver and institutional.
- 2. The Department's administrative case manager works on a one to one basis with the client and family to assure that all services contained in the plan of care are appropriate and meet institutional services also.
- 3. Eligibility field offices have information available to educate potential applicants regarding the services provided and the application process.

#### Appendix D - 4, Section 3.c Description

The Department's administrative case manager discusses ALL possible services available to meet the needs of the client, including placement in an NF. When the client signs the Care Plan, they certify that they know that they are eligible for NF services, but choose to accept waiver services instead. See the Personal Care Services Care Plan, Part II From attached to this Appendix.

#### Appendix D – 4, Section 3.d Description

When the Department approves or denies waiver services to the client, they are issued a Notice of Decision for, signed by the Nursing Care Reviewer in the RMU. Client appeal rights are contained on this form. In addition, assistance in filing an appeal is available from any Department Field Office. See the attached Notice of Decision for Services.

#### b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

In the files of the Regional Medicaid Services Unit (RMS) in which the participant resides.

date: 04-20-95

disk: streamlining

opus-3-d

## Appendix E - Plan of Care

### APPENDIX E-1

#### a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

- ☒ Registered nurse, licensed to practice in the State
- ☐ Licensed practical or vocational nurse, acting within the scope of practice under State law
- ☐ Physician (M.D. or D.O.) licensed to practice in the State
- ☐ Social Worker (qualifications attached to this Appendix)
- ☒ Case Manager
- ☐ Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

- ☐ At the Medicaid agency central office
- ☒ At the Medicaid agency county/regional offices
- ☒ By case managers
- ☐ By the agency specified in Appendix A
- ☒ By consumers
- ☐ Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

\_\_\_ Every 3 months

\_\_\_ Every 6 months

X Every 12 months

X Other (specify):

When a major change in the participant's condition or functional abilities occurs.

## **APPENDIX E-2**

### **a. MEDICAID AGENCY APPROVAL**

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

The completed evaluation and care plan is submitted to the appropriate Regional Medicaid Services unit (RMS) by the case manager prior to Medicaid payment for same. The information is reviewed by a Nursing Care Reviewer (RN) in the RMS and either approved, approved with modifications, or denied. This activity is documented on the HW 0036 Notice of Decision for Personal Care or Waiver Services which is appended at the end of this appendix.

### **b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE**

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

Prepared by mary clarkson 64650

date: 04-25-95

disk: streamlining

opus-3-e



## Appendix F - Audit Trail

### a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the medicaid agency and each provider of services under the waiver.
3. Method of payments (check one):

☒ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

☐ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

☐ Other (Describe in detail):

---

### b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:
  - a. When the individual was eligible for Medicaid waiver payment on the date of service;
  - b. When the service was included in the approved plan of care;
  - c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

☐ Yes

\_\_\_\_\_ No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

  X   All claims are processed through an approved MMIS.

\_\_\_\_\_ MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

\_\_\_\_\_ The Medicaid agency will make payments directly to providers of waiver services.

  X   The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

\_\_\_\_\_ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

\_\_\_\_\_ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

\_\_\_\_\_  
\_\_\_\_\_

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

\_\_\_\_\_  
\_\_\_\_\_

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

Prepared by mary clarkson 64650

date: 01-20-95

disk: streamlining

opus-3-f

## APPENDIX G - FINANCIAL DOCUMENTATION

### APPENDIX G-1 COMPOSITE OVERVIEW COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete an Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: \_\_\_\_\_ NF

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	<u>5,713</u>	<u>7,832</u>	<u>37,209</u>	<u>6,164</u>
2	<u>5,615</u>	<u>8,051</u>	<u>38,251</u>	<u>6,337</u>
3	<u>5,410</u>	<u>8,261</u>	<u>39,246</u>	<u>6,501</u>
4	<u>5,267</u>	<u>8,474</u>	<u>40,266</u>	<u>6,671</u>
5	<u>5,175</u>	<u>8,696</u>	<u>41,313</u>	<u>6,844</u>

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002\_

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
------	--------------------------

1	<u>6,500</u>
---	--------------

2	<u>7,117</u>
---	--------------

3	<u>7,936</u>
---	--------------

4	<u>8,754</u>
---	--------------

5	<u>9,573</u>
---	--------------

EXPLANATION OF FACTOR C:

Check one:

  X   The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

       The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

STATE:           Idaho          

DATE: July 1, 2002

APPENDIX G-2  
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D

LOC: \_\_\_\_\_NF

The July 25, 1994 final regulation defines Factor D as:

"The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

APPENDIX G-2  
 FACTOR D  
 LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 X 2      3      4      5     

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Homemaker	346	Per hour 69	\$10.56	252,109.44
2.Attendant Care	2327	Per hour 488	\$13.12	14,898,757.12
3.Respite	443	Per hour 201	\$10.56	940,294.08
4.Day Care	458	Per hour 619	\$ 6.00	1,701,012.00
5. Env. Adapt.	148	Bid/per project 1	\$267.28	39,557.44
6. Skilled Nurs. -RN	19	Per Hour 43	\$22.40	18,300.80
7. Skilled Nurs.- LPN	18	Per hour 33	\$19.56	11,618.64
8. Transport.	2,660	Per mile 184	\$0.36	176,198.40
9. Spec Equip	318	Per equip 2	\$97.66	62,111.76
10.Chore	177	Per hour 32	\$10.66	60,378.24
11.P.E.R.S.	207	Install/Rent 6	\$34.78	43,196.76
12.Companion	532	Per hour 682	\$5.36	1,944,736.64
13.H.D. Meals	236	Per meal 106	\$5.23	130,833.68
14.Res Care	1,093	Daily Rate 311	\$48.52	16,493,063.96
15.Consultation	155	Per hour 18	\$20.52	57,250.80
16.Psych. Consul	53	Per hour 7	\$41.20	15,285.20
17.Case Manage.	23	Per hour 314	\$39.76	287,146.72
GRAND TOTAL (sum of Column E):				\$37,131,851.68
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS				6,500
FACTOR D (Divide total by number of recipients)				\$5,712.59
AVERAGE LENGTH OF STAY		211		

STATE: Idaho

DATE: July 1, 2002

APPENDIX G-2  
 FACTOR D  
 LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 2 X 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Homemaker	362	Per hour 69	\$10.86	271,261.08
2.Attendant Care	2436	Per hour 488	\$13.49	16,036,480.32
3.Respite	464	Per hour 201	\$10.86	1,012,847.04
4.Day Care	480	Per hour 619	\$6.17	1,832,230.40
5. Env. Adapt.	155	Bid/Per project 1	\$274.76	42,587.80
6. Skilled Nurs. -RN	20	Per hour 43	\$23.03	19,805.80
7. Skilled Nurs.- LPN	19	Per hour 33	\$20.11	12,608.97
8. Transport.	2,785	Per mile 184	\$0.37	189,602.80
9. Spec Equip	330	Per equip 2	\$100.39	66,257.40
10.Chore	185	Per hour 32	\$10.96	64,883.20
11.P.E.R.S.	217	Install/Rent 6	\$35.75	46,546.50
12.Companion	557	Per hour 682	\$5.51	2,093,105.74
13.H.D. Meals	247	Per meal 106	\$5.38	140,859.16
14.Res Care	1,144	Daily Rate 311	\$49.88	17,746,505.92
15.Consultation	162	Per hour 18	\$21.09	61,498.44
16.Psych. Consul	55	Per hour 7	\$42.35	16,304.75
17.Case Manage	24	Per hour 314	\$40.87	307,996.32
GRAND TOTAL (sum of Column E): TOTAL ESTIMATED UNDUPLICATED RECIPIENTS FACTOR D (Divide total by number of recipients)				\$39,962,381.64
				7,117
				\$5,615.06
AVERAGE LENGTH OF STAY				211

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002

APPENDIX G-2  
 FACTOR D  
 LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1    2    3 X 4    5   

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Homemaker	379	Per hour 69	\$11.14	291,322.14
2.Attendant Care	2551	Per hour 488	\$13.84	17,229,249.92
3.Respite	486	Per hour 201	\$11.14	1,088,222.04
4.Day Care	502	Per hour 619	\$ 6.33	1,966,971.54
5. Env. Adapt.	162	Bid/Per project 1	\$281.91	45,669.42
6. Skilled Nurs. -RN	21	Per hour 43	\$23.63	21,337.89
7. Skilled Nurs.- LPN	20	Per hour 33	\$20.63	13,615.80
8. Transport.	2,916	Per mile 184	\$0.38	203,886.72
9. Spec Equip	349	Per equip 2	\$103.00	71,894.00
10.Chore	194	Per hour 32	\$11.24	69,777.92
11.P.E.R.S.	227	Install/Rent 6	\$36.68	49,958.16
12.Companion	583	Per hour 682	\$5.65	2,246,473.90
13.H.D. Meals	259	Per meal 106	\$5.52	151,546.08
14.Res Care	1,198	Daily Rate 311	\$51.18	19,068,542.04
15.Consultation	170	Per hour 18	\$21.64	66,218.40
16.Psych. Consul	58	Per hour 7	\$43.45	17,640.70
17. Case Mange	25	Per hour 314	\$41.94	329,229.00
GRAND TOTAL (sum of Column E):				\$42,931,555.67
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS				7,936
FACTOR D (Divide total by number of recipients)				\$5,409.72
AVERAGE LENGTH OF STAY				211

STATE: Idaho

DATE: July 1, 2002



APPENDIX G-2  
 FACTOR D  
 LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1    2    3    4 X 5   

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Homemaker	397	Per hour 69	\$11.43	313,101.99
2.Attendant Care	2670	Per hour 488	\$14.20	18,502,032.00
3.Respite	508	Per hour 201	\$11.43	1,167,094.44
4.Day Care	526	Per hour 619	\$6.49	2,113,105.06
5. Env. Adapt.	170	Bid/Per project 1	\$289.24	49,170.80
6. Skilled Nurs. -RN	22	Per hour 43	\$24.24	22,931.04
7. Skilled Nurs.- LPN	21	Per hour 33	\$21.17	14,670.81
8. Transport.	3,053	Per mile 184	\$0.39	219,083.28
9. Spec Equip	365	Per equip 2	\$105.68	77,146.40
10.Chore	203	Per hour 32	\$11.54	74,963.84
11.P.E.R.S.	238	Install/Rent 6	\$37.64	53,749.92
12.Companion	611	Per hour 682	\$5.80	2,416,871.60
13.H.D. Meals	270	Per meal 106	\$5.66	161,989.20
14.Res Care	1,254	Daily Rate 311	\$52.51	20,478,584.94
15.Consultation	178	Per hour 18	\$22.21	71,160.84
16.Psych. Consul	61	Per hour 7	\$44.58	19,035.66
17.Case Manage.	26	Per hour 314	\$43.03	351,296.92
GRAND TOTAL (sum of Column E): TOTAL ESTIMATED UNDUPLICATED RECIPIENTS FACTOR D (Divide total by number of recipients)				\$46,105,988.74
				8,754
				\$5,266.85
AVERAGE LENGTH OF STAY				211

APPENDIX G-2  
 FACTOR D

STATE: Idaho

DATE: July 1, 2002

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ X

Waiver Service Column A	#Undup. Recip. (users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
1.Homemaker	416	Per hour 69	\$11.72	336,410.88
2.Attendant Care	2796	Per hour 488	\$14.57	19,880,007.36
3.Respite	532	Per hour 201	\$11.72	1,253,243.04
4.Day Care	550	Per hour 619	\$ 6.66	2,267,397.00
5. Env. Adapt.	178	Bid/Per project 1	\$296.76	52,526.52.
6. Skilled Nurs. -RN	23	Per hour 43	\$24.87	24,596.43
7. Skilled Nurs.- LPN	22	Per hour 33	\$21.72	15,768.72
8. Transport.	3,196	Per mile 184	\$0.40	235,225.60
9. Spec Equip	382	Per equip 2	\$108.43	82,840.52
10.Chore	213	Per hour 32	\$11.84	80,701.44
11.P.E.R.S.	249	Install/Rent 6	\$38.62	57,698.28
12.Companion	639	Per hour 682	\$5.95	2,592,998.10
13.H.D. Meals	284	Per meal 106	\$5.81	174,904.24
14.Res Care	1,313	Daily Rate 311	\$53.87	21,997,437.41
15.Consultation	186	Per hour 18	\$22.78	76,267.44
16.Psych Consul	64	Per hour 7	\$45.74	20,491.52
17.Case Manag	28	Per hour 314	\$44.15	388,166.80
GRAND TOTAL (sum of Column E):				\$49,536,681.30
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS				9,573
FACTOR D (Divide total by number of recipients)				\$5,174.62
AVERAGE LENGTH OF STAY				211

STATE: Idaho

DATE: July 1, 2002

APPENDIX G-3

METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

- A. The following service(s), other than respite care\*, are furnished in residential settings other than the natural home of the individual(e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Adult Residential Care

\*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

- B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Respite; Adult Day Care

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

Medicaid payment is made ONLY for care and services, not room and board. The consumer is given non-Medicaid funds to make payments for room, board, utilities, food, and personal needs.

APPENDIX G-4

METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN  
UNRELATED LIVE-IN CAREGIVER

Check one:

- ☒ X The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.
- ☐ The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002

APPENDIX G-5

FACTOR D'

LOC: \_\_\_\_\_ NF

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

"The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.

The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.

Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002\_

APPENDIX G-5

FACTOR D' (cont.)

LOC: \_\_\_\_\_ NF

Factor D' is computed as follows (check one):

\_\_\_\_\_ Based on HCFA Form 2082 (relevant pages attached).

  X   Based on HCFA Form 372 for years   3-5   of waiver  
#0076.90.R2(A), which serves a similar target population.

\_\_\_\_\_ Based on a statistically valid sample of plans of care for individuals with the disease or  
condition specified in item 3 of this request.

\_\_\_\_\_ Other (specify):

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002

APPENDIX G-6

FACTOR G

LOC                      NF

The July 25, 1994 final regulation defines Factor G as:

"The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

- ☐ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.
- ☒ Based on trends shown by HCFA Form 372 for years 3-5 of waiver # 0076.90.R2(A), which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.
- ☐ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.
- ☐ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.
- ☐ Other (specify):

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

STATE: Idaho

DATE: July 1, 2002

APPENDIX G-7

FACTOR G'

LOC:\_\_\_\_\_ NF

The July 25, 1994 final regulation defines Factor G' as:

"The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver were the waiver not granted.

Include in Factor G' the following:

The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.

The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

STATE:\_\_\_\_\_Idaho\_\_\_\_\_

DATE: July 1, 2002\_



APPENDIX G-7

FACTOR G'

LOC: \_\_\_\_\_ NF

Factor G' is computed as follows (check one):

\_\_\_\_\_ Based on HCFA Form 2082 (relevant pages attached).

  X   Based on HCFA Form 372 for years   3-5   of waiver  
# 0076.90R2(A), which serves a similar target population.

\_\_\_\_\_ Based on a statistically valid sample of plans of care for individuals with the disease or  
condition specified in item 3 of this request.

\_\_\_\_\_ Other (specify):

STATE: \_\_\_\_\_ Idaho \_\_\_\_\_

DATE: July 1, 2002

## APPENDIX G-8

### DEMONSTRATION OF COST NEUTRALITY

LOC:    NF   

#### YEAR 1

FACTOR D:	<u>5,713</u>		FACTOR G:	<u>37,209</u>
FACTOR D':	<u>7,832</u>		FACTOR G':	<u>6,164</u>
TOTAL:	<u>13,545</u>	$\leq$	TOTAL:	<u>43,373</u>

#### YEAR 2

FACTOR D:	<u>5,615</u>		FACTOR G:	<u>38,251</u>
FACTOR D':	<u>8,051</u>		FACTOR G':	<u>6,337</u>
TOTAL:	<u>13,666</u>	$\leq$	TOTAL:	<u>44,588</u>

#### YEAR 3

FACTOR D:	<u>5,410</u>		FACTOR G:	<u>39,246</u>
FACTOR D':	<u>8,261</u>		FACTOR G':	<u>6,501</u>
TOTAL:	<u>13,671</u>	$\leq$	TOTAL:	<u>45,747</u>

STATE:                   Idaho                  

DATE: July 1, 2002

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY (cont.)

LOC:     NF    

YEAR 4

FACTOR D:	<u>8,754</u>		FACTOR G:	<u>40,266</u>
FACTOR D':	<u>8,475</u>		FACTOR G':	<u>6,671</u>
TOTAL:	<u>17,229</u>	$\leq$	TOTAL:	<u>46,937</u>

YEAR 5

FACTOR D:	<u>4,272</u>		FACTOR G:	<u>41,313</u>
FACTOR D':	<u>8,696</u>		FACTOR G':	<u>6,844</u>
TOTAL:	<u>12,968</u>	$\leq$	TOTAL:	<u>48,157</u>

STATE:             Idaho            

DATE: July 1, 2002

prepared by Mary Clarkson 64650  
date: 12-22-94 revised 04-13-95

disk: hcbs  
opus-3-g

STATE: \_\_\_\_\_Idaho\_\_\_\_\_

DATE: \_July 1, 2002\_